



Child's first name (s)

Surname

Name Known as

Child's full address

Gender

Date of birth

Birth Certificate seen Yes/No

Name of parent(s) /cares(s) with whom the child lives

Contact details 1 (including emergency information)

My parent/carer full name:

Relationship to child

Daytime/work telephone

Mobile

Home telephone

Email

Home address:

Work address

Does this parent have parental responsibility? Yes/No

Does this parent have legal access to the child? Yes/No

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**Contact details 2 (including emergency information)****Parent/carers full name**

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**Relationship to child**

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**Daytime/work telephone**

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**Home telephone**

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**Home address**

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**Work address**

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**Does this parent have parental responsibility for the child? Yes/No****Does this parent have legal access to the child? Yes/No**

**Other Person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

**Name**

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**Address**

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**Contact telephone number**

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**Relationship to the child**

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**What are the contact arrangements that the setting needs to know about?**

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**Emergency contact details if parents are not available** *Emergency contacts must be local***Contact 1 - Name**

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**Daytime/work telephone**

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**Home telephone****Mobile**

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**Address**

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**Relationship to child**

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**Contact 2 – Name**

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**Daytime/work telephone**

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**Home telephone**

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**Address**

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**Relationship to child**

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**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age*

**Person 1 Name**

**Signature**

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**Daytime/work telephone**

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**Home telephone**

**Mobile**

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**Address**

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**Relationship to child**

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**Person 2 – Name**

**Signature**

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**Daytime/work telephone**

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**Home telephone**

**Mobile**

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**Address**

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**Relationship to child**

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**Password for the collection of child by authorised person**

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**About your child**

**Has your child received the following immunisations? (*Please confirm and provide date of immunisations given*)**

**Two months old**

Yes/No (delete) Date: \_\_\_\_\_

Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib). Pneumococcal infection.

DTaP/IPV/Hib and Pneumococcal Conjugate vaccine (PCV)

**Three months old**

Yes/No (delete) Date: \_\_\_\_\_

Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib). Meningitis C (meningococcal group C).

DTaP/IPV/Hib and MenC

**Four months old**

Yes/No (delete) Date: \_\_\_\_\_

Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection.

DTaP/IPV/Hib and MenC and PCV.

**12 Months old**

Yes/No (delete) Date: \_\_\_\_\_

Haemophilus influenza type b (Hib) and meningitis C.

Hib/MenC

**13 months old**

Measles, mumps and rubella (German

MMR and PCV

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Yes/No (*delete*) Date: \_\_\_\_\_ measles). Pneumococcal infection.

**Three years and four months or soon after**

Diphtheria, tetanus, pertussis (whooping cough) and polio

DTaP/IPV (or dTaP/IPV) and MMR

Yes/No (*delete*) Date: \_\_\_\_\_ Measles, mumps and rubella.

**Has the child's health record been seen to confirm immunisation date?** Yes/No (*delete*)

**Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences?** Yes/No (*delete*)

**If so, please provide details:**

**Has a risk assessment, if required, been completed?** Yes/No (*delete*)

**Has a health plan and agreement to administer medicine, if required, been completed?** Yes/No (*delete*)

**Do we have permission to use plasters on your child?** Yes/No (*delete*)

**Does your child have any special needs or disabilities?** Yes/No (*delete*)

**If so, please provide details:**

**Are any of the following in place for the child?**

Health and Care Plan (EHCP) formally known as Early Years Action and Early Years Action Plus Yes/No (*Delete*)

What special support will he/she require in our setting?

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How would you describe your child's ethnicity or cultural background?

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What is the main religion in your family (if applicable)?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/are spoken at home?

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? *Yes/No (delete)*

If so, discuss and agree with the key person how we can work together to support your child when settling-in:

Details of professionals involved with your child

GP

Name

Telephone

Address

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Health Visitor (if applicable)

Name

Telephone

Address

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**Social Care Worker** (if applicable)

**Name**

**Telephone**

**Address**

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**What is the reason for the involvement of the social care department with your family?**

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**Has your child now or in the past been involved with any other services?** eg CAF CAF or FSP

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**Has your child attended another setting before this?**

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Setting Name

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Setting address

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**Does your child attend any other childcare providers?**

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**Any other professional who has regular contact with the child**

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Name 1

Role

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Agency

Telephone

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Address

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Name 2

Role

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Agency

Telephone

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Address

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Name 3

Role

---

Agency

Telephone

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Address

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### General parent permission

#### *Emergency treatment declaration*

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and health professionals are responsible for any decisions on medical treatment in my absence.

Signed

Date

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### For inhaler/Epipens only

I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or Anapen (supplied by me) to \_\_\_\_\_ (name of child). The named staff are:

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Signed

Date

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### Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me and named )

To \_\_\_\_\_ (name of child) when necessary and to record its use.

Signed

Date

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### Short trip- general outings

Your child will be taken out of the setting as part of the daily activities. The venues used are detailed here:

Using the main school for visits to their library and for use of the main hall for PE lessons, also making use of their outdoor area for learning purposes with the joining in with their outdoor learning sessions.

Visits to the library van on the school premises.

I give permission for \_\_\_\_\_ (name of child) to take part in short trips or general outings. I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For any major outings, I understand I will be informed and my specific consent obtained.

Signed

Date

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### Photographs

During your child's time at preschool we may take photographs/video of them and would like your permission to use these photographs/video for the reasons below:

Display Purposes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Children's Learning Stories	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Media/PR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	student Portfolios	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please be aware that it may be necessary to email photographs within the staff/committee group, or where consent is given for media use, to a specified third party.

**I give permission for any photographs/video of my child to be used as indicated above.**

Signed

Date

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### Key Person – information for parents

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to-date. Your child's key person change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be

Your child's 'back up' person will be

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**PARENT/CARER CONSENT**

An Early Years Adviser is a qualified, experienced teacher with an expertise of working with children aged 0-5 years. Their role is to support early years settings meet the needs of all children's learning and development through discussion and/or observation.

I agree and consent to the involvement of an Early Years Adviser who may discuss the learning and development needs of my child.

Childs name:

Parent/Carer signature:

Date:

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**Has the settling-in process been agreed?** Yes/No (delete)

If so, detail:

**To be completed by the key person/manager:**

Date starting at \_\_\_\_\_ (name of provider)

Days and times of attendance

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Are any fees payable? If so, note here

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**Policies and procedures**

Please sign below to confirm that you have been provided with details of the setting's policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.

Signed

Date

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